WOMEN'S BUREAU
U.S. DEPARTMENT OF LABOR

ISSUE BRIEF

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FINDINGS AND IMPACTS OF THE 2014-2016 WOMEN'S BUREAU PAID LEAVE ANALYSIS GRANTS

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Paid family and medical leave refers to policies that enable workers to receive wage replacement when they take extended time off from work for qualifying reasons, such as bonding with a new child, recovering from their own serious health condition or caring for a loved one with a serious health condition. While many workers are entitled to take unpaid leave under the Family and Medical Leave Act (FMLA),[1] there is currently no federal law providing or guaranteeing access to paid family and medical leave for workers in the private sector.[2] However, some states have their own paid leave programs and requirements.

Nothing in this document constitutes legal advice. The materials provided by the Women's Bureau are for informational purposes only and are not intended as a substitute for seeking legal advice.[3]

Between 2014 and 2016, the Women's Bureau awarded $3.15 million in Paid Leave Analysis Grants to 17 states and municipalities to research the need for and impact of paid leave and support the development and implementation of state paid family and medical leave (PFML) programs.[4] The grantees included:

- 2014: Massachusetts; Montana; Rhode Island; District of Columbia
- 2015: California; Montgomery County, Maryland; New Hampshire; New York City; Rhode Island; Vermont; Washington
- 2016: Denver, Colorado; Franklin County, Ohio; Hawaii; Indiana; Madison, Wisconsin; Pennsylvania

Rhode Island and California were the only grantees with active paid family and medical leave programs at the time they received WB Paid Leave Analysis Grants.[5] Grantees used the funds for a variety of activities, such as:

- conducting cost modeling and feasibility analyses for the establishment or expansion of paid leave programs;
- conducting surveys and focus groups of workers and businesses;

[1] The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. For more information, see the U.S. Department of Labor's Wage and Hour Division website: https://www.dol.gov/agencies/whd/fmla.

[2] Executive Order 13706, Establishing Paid Sick Leave for Federal Contractors, requires parties that enter into covered contracts with the federal government to provide covered employees with up to seven days of paid sick leave annually, including paid leave allowing for family care. For more information, see the U.S. Department of Labor's Wage and Hour Division website: https://www.dol.gov/agencies/whd/government-contracts/sick-leave.

[3] Any links to non-federal websites on this page provide additional information that is consistent with the intended purpose of this federal site, but linking to such sites does not constitute an endorsement by the U.S. Department of Labor of the information or organization providing such information. For more information, please visit https://www.dol.gov/general/disclaim.

[4] Throughout this Issue Brief, we use "paid family and medical leave" and "paid leave" interchangeably. Though paid leave may refer to other types of leave (e.g., paid sick leave), in this Issue Brief we refer to paid family and medical leave, unless otherwise noted.

[5] Several states had established temporary disability insurance programs or requirements prior to 2014. Rhode Island (1942), California (1946), New Jersey (1948), and New York (1949) had temporary disability insurance programs that could be used for pregnancy-related disability. Hawaii (1969) required employers to provide temporary disability insurance to their employees.

- evaluating access to paid leave and need for paid leave among workers, and current provision of paid leave benefits by employers in their state or locality; and
- estimating potential impacts of expanding access to paid leave to workers in their jurisdiction.

While not a direct causal connection, several states and localities have expanded or established paid leave programs since receiving WB Paid Leave Analysis Grants. Both Rhode Island and California made changes to expand their paid leave programs and outreach efforts following their grants. In addition, the District of Columbia, Massachusetts, and Washington have since established paid leave programs, along with New York State, Colorado, and Maryland. Franklin County, Ohio, the City of Madison, Wisconsin, New Hampshire, and Vermont have enacted paid family leave for their public sector employees.

Along with funding individual states and localities to study paid leave in their jurisdictions, the WB Paid Leave Analysis Grant enabled Massachusetts to fund the development of a microsimulation model for estimating the benefit costs of paid leave policy proposals. The model was applied to analysis of proposed legislation in Massachusetts and subsequently used to conduct analysis for other WB Paid Leave Analysis Grants (Montgomery County, Maryland; New Hampshire; Rhode Island; Vermont; Washington; Hawaii; Indiana; Pennsylvania) and non-grantee states that have since passed paid leave laws (Connecticut; Oregon; Colorado; Maryland; Minnesota). The microsimulation model created with the grant was used as the basis for creating the Worker Paid Leave Usage Simulation (Worker PLUS) model, an open-source simulation tool that can be used by researchers and federal, state, and local policy makers to estimate the effects of various worker leave scenarios and policy options on worker leave-taking behavior, and to estimate the benefits paid as well as costs of administering any given program.[i] The Worker PLUS model has been used to conduct analysis of policy proposals for additional states, including Maine, New Mexico, and Pennsylvania.[ii] It is also being used as part of a WB-funded project being conducted by the Urban Institute to explore the distributional outcomes and impact of certain state and federal policies on paid leave access and usage, including research identifying who is least likely to have gained access to paid leave through various state and federal policy interventions.[iii]

EVALUATIONS OF EXISTING PROGRAMS

Rhode Island used their 2014 grant to study employee experiences one year after implementation of their paid family leave program and identify barriers to taking leave. Researchers conducted a survey of employees in the state who had accessed the temporary disability insurance system in the preceding two years and had experienced a life event that would have qualified them for temporary caregiver insurance.[6] They also conducted interviews and focus groups with program administrators, managers, call staff, employees, and survey participants to gather additional information about successes and challenges, and other feedback.

Rhode Island used their 2015 grant to: evaluate the success of outreach strategies in reaching diverse populations; identify gaps in awareness, access, and usage; pilot outreach strategies; and run simulation models of program expansions to inform future legislative proposals.

[6] In Rhode Island, temporary disability insurance provides a paid medical leave benefit for weeks of unemployment caused by a temporary disability or injury, including medical complications resulting from pregnancy. Temporary caregiver insurance provides paid family leave to care for a seriously ill child, spouse, domestic partner, parent, parent-in-law or grandparent, or to bond with a newborn child, new adopted child or new foster-care child. For more information, see the Rhode Island Department of Labor and Training website: **https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance**.

California used their 2015 grant to conduct an analysis of administrative data from the California Employment Development Department (EDD) to analyze trends in the state's Paid Family Leave (PFL) program between 2004 and 2014. They documented trends in paid leave utilization and leave duration, identified differences in program participation across gender, age, employer size, and employer industry, analyzed the impacts of the program on workers' leave-taking and labor market outcomes, and examined the effects of paid leave on employer-level outcomes, such as total wage costs and turnover rates.

Key Findings and Lessons

Rhode Island's survey showed disparities in awareness of the program, with just over half of respondents being aware of the temporary caregiver insurance program, and greater awareness among certain groups including respondents between ages 25-39, white respondents, those with higher incomes, those with higher education levels, respondents working for larger employers, and those with access to more days of employer-provided paid leave (including paid vacation, sick, bundled, maternity, paternity, and other paid leave options).

Though they used different methods and face different contexts, California and Rhode Island found similar patterns in the use and impact of their respective paid leave programs. In Rhode Island, a majority (85 percent) of temporary caregiver insurance leave-takers took the full four weeks available under the state's program, however there were variations based on reason for leave and gender. Ninety percent of those taking temporary caregiver insurance for a new child took the full four weeks, compared to only two-thirds of those taking temporary caregiver insurance to care for an ill family member. Women were also more likely to take the full four weeks than men across both bonding and family care claims. Similarly, women in California made a greater share of bonding claims than men, and fewer overall claims for care of an ill family member than bonding with a new child. The majority of women who made a bonding claim took the full six weeks of leave allowed under the state's program, while only about 40 percent of men did so. Both men and women were most likely to take the full six weeks of leave allowed for caring claims.

In both Rhode Island and California, most workers remained in the same job or firm after using their state's paid leave program. The majority of all respondents in Rhode Island, regardless of whether they took leave, remained in the same job after they experienced a qualifying life event, however the percentage was slightly higher for those who used temporary caregiver insurance (76 percent) than those who used some other leave (67 percent). Of those who took no leave, 82 percent remained at the same job. In California, most workers remained employed by the same firm after making a bonding claim, however there were some differences by gender, income, and age. Older women were more likely to return to their pre-claim firm than younger women, as were higher earning women compared to lower earning women. Men were also more likely than women to return to their pre-claim firms.

Both California and Rhode Island concluded that their paid leave programs had positive benefits for workers who used them, and that there were more positive benefits for employers than negative consequences, including lower turnover among employees.

Both Rhode Island and California made changes to expand their paid leave programs and outreach efforts following their grants. Based on findings from their 2014 grant, Rhode Island used their 2015 grant to implement new outreach strategies to reach populations with lower awareness and usage of the paid leave program. Learning from barriers to access uncovered with their first grant, including a benefit duration that was too short for many workers and a need to expand eligibility for family members such as siblings, Rhode Island also conducted cost-modeling for a proposed

program expansion that would expand coverage, increase benefit amounts, increase the maximum number of weeks (from 30 to 32 weeks for temporary disability insurance and from four to six weeks for temporary caregiver insurance), include siblings and grandchildren as eligible care recipients for caregiving leave, and broaden the taxable wage base. The analysis found that the cost as a percentage of the taxable wage base would increase from 1.14% to 1.82% if all changes were implemented.

Since 2014, Rhode Island has increased the length of paid family leave from 4 to 6 weeks.[iv, v] Since 2015, California has increased wage replacement rates (from approximately 55 percent to approximately 60 to 70 percent depending on income; another increase is planned for 2025 to 70 to 90 percent depending on income) and paid leave duration (from six weeks to eight weeks of wage replacement benefits to workers who take time off work to care for a seriously ill family member or to bond with a new child), made outreach materials available in more languages, and held multiple outreach campaigns.[vi]

RESEARCH IN JURISDICTIONS WITHOUT PRE-EXISTING PROGRAMS

Among grantees without existing paid leave programs, each state or locality designed their project to better understand the local context for paid leave and address questions of particular interest and relevance to their government structure, population, and businesses. The grantees explored many of the same broad categories of questions, including: access to and usage of paid leave in their state or locality, or among their population of interest; cost modeling for proposed program designs; public opinion of paid leave; and business views of paid leave.

It is important to note that each study design was unique and findings from each grantee are not directly comparable. The summary of findings below references information from the final reports submitted to the Women's Bureau. Each grantee may have defined terms differently and asked different questions of respondents. Links to the reports are included in the Appendix.

Access to Paid Leave

Business Provision of Paid Leave

Across the states that conducted surveys or focus groups with businesses, business provision of paid family and medical leave was low, ranging from about five percent to about 30 percent. In several states (Montana, Vermont, Pennsylvania), businesses reported relying on other forms of unpaid or paid leave for employees who need time off to care for themselves or family members, such as the federal Family and Medical Leave Act (FMLA), general paid time off or vacation days, or sick leave. Reliance on these other forms of paid or unpaid leave may not meet workers' needs for time off to manage unexpected or long-term illnesses or caregiving demands.[vii] Furthermore, access to leave – paid or unpaid – is not evenly distributed, with disparities by race and ethnicity, and across industries and income levels.[viii, ix]

2014

- In **Montana** only 5.2 percent of businesses reported that all their employees were eligible for paid family leave, and 5.0 percent that all their employees were eligible for paid maternity or paternity leave. The share was slightly higher for businesses reporting that at least some of their employees were eligible for such paid leaves (12.5 percent and 12.9 percent, respectively). About 11 percent of businesses provided pregnancy-related short-term disability insurance to their full-time workers.

2015

- **New Hampshire** reported results by employer size and found that 10 percent of small firms (fewer than 10 employees) and 30 percent of large businesses (250 or more employees) provided paid family leave in 2011.
- In **Vermont**, 15.9 percent of businesses reported providing paid maternity leave, 9.4 percent reported providing paid paternity leave, 11.7 percent reported providing paid leave for serious illness or injury, 5.9 percent reported providing paid leave to care for a family member, 32.8% reported providing temporary disability insurance, and 3.7 percent reported providing long-term disability insurance.

2016

- In **Pennsylvania**, 31 percent of businesses reported offering paid family and medical leave.

Workers' Access to Paid Leave

Workers' access to paid family and medical leave varied across the states and was impacted by various factors including size of employer and whether workers are employed full-time or part-time. Access to paid leave was generally highest for personal medical reasons and for maternity leave, leaving many workers, including fathers and those who provide care for other loved ones, without guaranteed access to paid leave when they need it.

2015

- Only 52 percent of **New Hampshire** workers had access to parental leave (including pregnancy-related leave or leave to care for a new child in the home through birth, adoption, or foster care). Only about two-thirds (63 percent) had access to paid leave for their own illness, and one third (37 percent) had access to paid leave to care for an ill family member. Overall, less than a third of New Hampshire workers (32 percent) had access to paid leave for all three categories of family and medical leave needs. Access to all three types of leave was higher for full-time workers (40 percent) than part-time workers (15 percent), for men (39 percent) than for women (23 percent), and for workers in businesses with 250 or more employees (50 percent) than those in businesses with 26 to 249 employees (29 percent) or 25 or fewer employees (18 percent).
- In **New York City**, 26.3 percent of mothers reported receiving employer-provided maternity leave, and 25.9 percent of mothers who were eligible for New York State's temporary disability insurance reported making use of the program. Mothers in households with income above 400 percent of the federal poverty line were more likely to receive employer-provided paid maternity leave and temporary disability insurance than those with household incomes below 100 percent of the federal poverty line.
- In **Vermont**, about half of adults reported having access to temporary disability insurance (54 percent) and maternity leave (52 percent). Fewer reported access to parental leave (37 percent) and paternity leave (34 percent).

2016

- In **Indiana**, around a third of respondents had access to paid temporary disability insurance (35 percent), paid maternity leave (31 percent), and paid family and medical leave (30 percent). Only 16 percent had access to paid paternity leave, and 13 percent to paid parental leave.
- 70.4 percent of **Pennsylvania** workers reported receiving some form of wage replacement (including paid sick days, vacation time, short term disability insurance, or paid family leave) for some of the time they are on a family or medical leave.

Cost Modeling

Though they modeled a variety of different program designs and are not directly comparable, grantees that conducted cost-modeling analyses[7] estimated the cost of paid family and medical leave programs to be low. Cost-modeling analyses considered a variety of different policy designs, including variations in eligibility, qualifying reasons, maximum leave duration, maximum weekly benefit amount, and waiting period. Calculations of cost factored in expected usage of each program design and different earnings bases.

The estimated payroll contributions were all under one percent of total worker wages, ranging from 0.07 percent to 0.93 percent depending on the state and program features modeled.[8] The lowest-cost proposal, calculated as part of Hawaii's analysis, considered a paid parental and family leave program providing up to 12 weeks of leave with partial wage replacement at 58 percent of usual wages, up to a maximum weekly benefit (set at $594 in 2017), with a one week waiting period. The highest-cost proposal, calculated as part of Vermont's analysis, considered a paid family and medical leave program providing up to 12 weeks of leave with full (100 percent) wage replacement of the claimant's average weekly earnings up to a maximum weekly benefit of twice Vermont's livable wage.

Among states that estimated the cost per worker, this was equivalent to less than seven dollars per week.[9] The lowest-cost proposal, calculated for Massachusetts, considered a paid family and medical leave and temporary disability leave insurance program allowing for 26 weeks of own health and maternity disability leave and 12 weeks for bonding with a new child and care of an ill relative, with a wage replacement rate ranging from 66 percent to 95 percent (highest for low-wage workers) capped at $1,000 per week, with a one-week waiting period. The highest-cost proposal, calculated for Montana, considered a paid family and medical leave program providing up to 12 weeks of leave, with benefits between 66 and 95 percent of usual weekly wages up to a maximum of $1,000 per week. In Montana's proposal, only workers earning over $78,000 per year would contribute $6.77 per week due to the cap on taxable wage base for this program (set at $78,000).

Full findings of the cost-modeling analyses are included in the reports linked in the Appendix.

Public Opinion

Across the grantees that conducted public opinion polling, respondents were broadly supportive of paid family and medical leave programs.

2015

- 82 percent of **New Hampshire** residents in a telephone survey indicated that they support paid family and medical leave insurance program legislation for reasons such as pregnancy complications, caring for a new child, or tending to the serious illness of themselves or a family member.
- 54 percent of **Vermont** adults surveyed believed that Vermont should have a statewide paid family and medical leave program.
- In **Washington**, a majority of registered voters believed it is very important for Washington to establish a program to guarantee access to paid family and medical leave.

[7] Massachusetts; New Hampshire; Indiana; Pennsylvania; Montgomery County, Maryland; Washington; Franklin County, Ohio; Montana; District of Columbia; Vermont; Hawaii.
[8] Hawaii (0.07-0.12%; estimates include Paid Family Leave only); District of Columbia (0.1-0.47%); Indiana (0.17-0.71%); Pennsylvania (0.295-0.672%); Montana (0.451%); New Hampshire (0.52-0.60%); Washington (0.42-0.68%); Vermont (0.47-0.93%).
[9] Massachusetts ($3.00); New Hampshire ($5.11); Indiana ($1.49-6.01); Pennsylvania ($2.37-5.20), Montana ($1.73-$6.77 depending on income).

2016

- In **Franklin County, OH**, 69.4 percent of county employees surveyed indicated an interest in having a paid family and medical leave program.
- In an online and telephone survey of **Hawaii** workers, 94 percent of respondents had either a very favorable (60 percent) or somewhat favorable (34 percent) perception of paid family leave.
- In **Indiana**, 74 percent of adults who participated in a phone survey favored a statewide program to guarantee access to paid family and medical leave, and 51 percent thought the state should provide a program (compared to 42 percent who preferred the status quo).
- In **Pennsylvania**, 78 percent of adults who participated in a phone survey indicated support for a statewide program to guarantee access to paid family and medical leave.

States that assessed support for specific reasons to take paid family and medical leave found broad support across various types of leave needs.

Leave for pregnancy and care of a new child:

2014

- **Montana**: when asked about their support for six weeks of paid maternity leave, 66 percent of respondents were supportive; when asked about their support for six weeks of paid parental leave, including both maternity and paternity leave, 60 percent of respondents were supportive.

2015

- **Vermont**: when asked about whether they would favor or oppose various paid leave policies, 84 percent favored paid leave for mothers when they have a baby or adopt or foster a child, and 73 percent favored paid leave for fathers when they have a baby or adopt or foster a child.
- **Washington**: when asked about whether they would favor or oppose various paid leave policies, 85 percent favored paid leave for a woman with pregnancy-related complications; 71 percent favored paid leave for mothers when they have a baby, adopt, or foster a child; and 80 percent favored paid parental leave for both mothers and fathers when they have a baby, adopt, or foster a child.

2016

- **Indiana**: when asked about whether they would favor or oppose various paid leave policies, 87 percent favored paid leave for mothers when they have a baby or adopt a child, and 74 percent favored paid leave for fathers when they have a baby or adopt a child.
- **Pennsylvania**: when asked about whether they would favor or oppose various paid leave policies, 73 percent favored paid leave for mothers when they have a baby, adopt, or foster a child, and 56 percent favored paid leave for fathers when they have a baby, adopt, or foster a child.

Medical leave:

2015

- **Vermont**: when asked about whether they would favor or oppose various paid leave policies, 83 percent favored paid leave for a serious illness or injury of the employee.
- **Washington**: when asked about whether they would favor or oppose various paid leave policies, 80 percent favored paid leave for people who have their own serious health condition.

2016

- **Indiana**: when asked about whether they would favor or oppose various paid leave policies, 87 percent favored paid leave for a serious illness, health condition, or injury of the employee.

Leave to care for a family member:

2014

- **Montana**: when asked about their support for various paid leave policies, 73 percent of respondents were supportive of paid leave to care for an aging parent.

2015

- **Vermont**: when asked about whether they would favor or oppose various paid leave policies, 74 percent favored paid leave for a serious illness or injury of an immediate family member of the employee.
- **Washington**: when asked about whether they would favor or oppose various paid leave policies, 80 percent favored paid leave for people who have a family member like a child, spouse, parent, or sibling with a serious health condition.

2016

- **Indiana**: when asked about whether they would favor or oppose various paid leave policies, 84 percent favored paid leave for providing care for a child with disabilities; 84 percent favored paid leave for providing care for a sick child; 82 percent favored paid leave for a serious illness, health condition, or injury of an immediate family member of the employee; 79 percent favored paid leave for providing care for a service member's needs; 80 percent favored paid leave for providing care for an elderly family member.
- **Pennsylvania**: when asked about whether they would favor or oppose various paid leave policies, 72 percent favored paid leave to provide care for a sick child or foster child; 70 percent favored paid leave to care for an immediate family member with a serious illness, health condition, or injury; 68 percent favored paid leave to provide care for an elderly family member; and 67 percent favored paid leave to provide care for a person with disabilities.

Views of Business

Among grantees that conducted surveys or focus groups of businesses, results showed overall positive opinions of paid family and medical leave. Across the various surveys, businesses generally recognized paid leave's potential positive impacts on their employees and to employee retention and productivity.

2015

- In **Vermont**, 46.9 percent of businesses were supportive of a statewide publicly administered paid family and medical leave program.
- In **Washington**, employers interviewed about their opinions of paid leave recognized that a paid family and medical leave program would help their employees address circumstances that cannot be planned for.

2016

- In **Hawaii**, the majority of focus group participants across three categories (medium businesses, large businesses, and union representatives) felt generally favorable toward paid family leave.
- In **Pennsylvania**, 56 percent of employers favored creating a program to provide paid family and medical leave to employees.

When asked, many businesses cited cost as both a significant factor in their decision not to offer paid family and medical leave to their employees, and a concern with the creation of a statewide program. With regard to a statewide program, employers expressed concerns with the costs and logistics associated with replacing an employee temporarily while they are on leave.

CONCLUSION

The Women's Bureau Paid Leave Analysis Grants awarded between 2014 and 2016 contributed significantly to the body of research on state paid leave programs. The grant supported the development of cost-modeling tools that continue to be used by states and localities to help them design policies and demonstrate the feasibility and positive benefits of implementing paid leave programs in their jurisdiction. The research conducted with the grants was used by states and localities to identify best practices for creating, implementing, and evaluating paid leave programs, and helped inform the policy conversation on paid family and medical leave.[x] Research also showed the need for paid leave, and support for paid leave among businesses and employees.

Since 2016, 11 states (including five that received WB grants and three with jurisdictions within their state that received grants) have passed paid family and medical leave laws or expanded their existing programs.[10] Recent research and polling continues to show support for paid leave.[xi] As more states and localities consider implementing their own paid leave programs, they can learn from and build on the successes of existing programs. Lessons from the grants and subsequent research on state paid leave programs can also inform the development of a national paid leave program, including best practices to ensure equitable access for all workers.

[10] New York (2016), District of Columbia (2017), Washington (2017), Massachusetts (2018), Connecticut (2019), Oregon (2019), Colorado (2020), Maryland (2022), Delaware (2022), Minnesota (2023), and Maine (2023).

Appendix

Links to 2014-2016 WB Paid Leave Analysis Grant reports cited in this brief.

2014

DISTRICT OF COLUMBIA

Final Report on the Costs and Benefits of Paid Family and Medical Leave in the District of Columbia

MASSACHUSETTS

Paid Leave Analysis Grant – Massachusetts, Final Memo

MONTANA

Montana's Labor Shortage and Paid Family Leave: Recruiting Workers by Supporting Families

Helping People Balance Work and Family: It's Within Montana's Reach

Paid Leave Survey

RHODE ISLAND

Launching the Rhode Island Temporary Caregiver Insurance Program: Employee Experiences One Year Later

2015

CALIFORNIA

The Economic and Social Impacts of Paid Family Leave in California: Report for the California Employment Development Department

MONTGOMERY COUNTY, MARYLAND

Final Report for: Montgomery County, Maryland

NEW HAMPSHIRE

Costs And Benefits of Family and Medical Leave For New Hampshire Workers

Paid Family and Medical Leave in New Hampshire: Who Has It? Who Takes It?

Over 80 Percent of New Hampshire Residents Support Paid Family and Medical Leave Insurance

NEW YORK CITY

Paid Family Leave: A Strategy for Promoting Health and Economic Equity for New York City's Families

RHODE ISLAND

Broadening TCI to Meet Work and Family Needs

VERMONT

Vermont Paid Family and Medical Leave Feasibility Study

WASHINGTON

Cost, Leave and Length Estimates Using Eight Different Leave Program Schemes for Washington

Washington Paid Leave: Findings from 30 one-on-one interviews among business leaders throughout the State of Washington

Washington Paid Leave: Findings from a Survey of 529 Registered Voters Statewide

2016

FRANKLIN COUNTY, OHIO

Paid Family and Medical Leave Feasibility Study: Grant Summary Results & Options

HAWAII

Hawaii State Paid Family Leave Insurance Grant Analysis Report

INDIANA

Paid Leave the Hoosier Way: Finding Solutions for Workers and Caregivers in Indiana

MADISON, WISCONSIN

Family and Medical Leave Use and Need Among City of Madison Employees

PENNSYLVANIA

Paid Family and Medical Leave in Pennsylvania: Research Findings Report

ENDNOTES

[i] Office of the Assistant Secretary for Policy, "Microsimulation Model on Worker Leave," U.S. Department of Labor, Accessed January 26, 2024, https://www.dol.gov/agencies/oasp/evaluation/completedstudies/Microsimulation-Model-on-Worker-Leave

[ii] Women's Bureau, "Paid Leave," U.S. Department of Labor, Accessed January 26, 2024, https://www.dol.gov/agencies/wb/featured-paid-leave

[iii] Women's Bureau, "Understanding Equity in Paid Leave through Microsimulation Analysis," U.S. Department of Labor, Accessed January 26, 2024, https://www.dol.gov/agencies/wb/Understanding-Equity-in-Paid-Leave-Microsimulation-Analysis

[iv] Rhode Island Department of Labor and Training, "Temporary Disability / Caregiver Insurance," Last modified December 22, 2023, https://dlt.ri.gov/individuals/temporary-disability-caregiver-insurance

[v] R.I. Gen. Laws § 28-41-35 *et seq*.

[vi] California Employment Development Department, *Overview of California's Paid Family Leave Program*, Sacramento, CA: California Employment Development Department, 2022, https://edd.ca.gov/siteassets/files/pdf_pub_ctr/de2530.pdf

[vii] Women's Bureau, *Paid Family and Medical Leave Fact Sheet*, Washington, DC: U.S. Department of Labor, Women's Bureau, Accessed January 26, 2024, https://www.dol.gov/sites/dolgov/files/WB/paid-leave/PaidLeavefactsheet.pdf

[viii] Women's Bureau, "Workers' Experience with Family and Medical Leave," U.S. Department of Labor, Published January 30, 2023; Last updated February 3, 2023, https://public.tableau.com/app/profile/women.s.bureau.department.of.labor/viz/shared/GS56TJD35

[ix] Women's Bureau, "Leave Access," U.S. Department of Labor, Accessed January 26, 2024, https://www.dol.gov/agencies/wb/data/leave-job-flexibilities/leave-access

[x] Women's Bureau, *Findings From the 2014 Paid Leave Analysis Grants Program*, Washington, DC: U.S. Department of Labor, 2016, https://ecommons.cornell.edu/server/api/core/bitstreams/0828d462-899e-4bfd-833c-79cfd7195e7a/content

[xi] *See* for example: Ethan Winter and Evangel Penumaka, "Voters Support Investments in the Care Economy," Data for Progress, April 7, 2021, https://www.dataforprogress.org/blog/2021/4/7/voters-support-investing-in-the-care-economy; Lake Research Partners and Paid Leave for All Action, "Survey Findings Show Broad and Deep Support for Paid Parental, Family and Medical Leave," Lake Research Partners and Paid Leave for All Action, November 2023,https://irp.cdn-website.com/167e816a/files/uploaded/Lake.Paid.Leave.for.All.Poll.Press%20Memo.pdf; Vicki Shabo, "New America Better Life Lab," *Polling Summary: In Build Back Better, Paid Family and Medical Leave Is One of the Most Popular Policies* (blog), November 10, 2021, https://www.newamerica.org/better-life-lab/blog/polling-summary-paid-family-and-medical-leave-is-one-of-the-most-popular-planks-in-the-build-back-better-agenda/